

Attachment 1 Illinois Business License

Nordic Marketing of Illinois, LLC was certified to do business in Illinois on June 10, 2003. A copy of this filing is attached.

•		LG0188478					
For	m LLC-5,5 January 2000 sse White	Limite	lllinois ed Liabillty Con Articles of Organiz		This upper for use by Secretary of Siste		
Secretary of State Department of Business Services Limited Liability Company Division Room 359, Howlett Building Springfield, IL 62756 http://www.sos.state.il.us Psyment must be made by certified check, cashler's check, Illinois attorney's check, Illinois C.P.A.'s check or money order, payable to "Secretary of State."		;	SUBMIT IN DUPLICATE Must be typewritien This space for use by Secretary of State Date 06-04-2003 Assigned File # 0093204-3 Filing Fee \$400.00 Approved: \$400.00		JUN 0 9 2003 LIMITED LIABILITY CO. DIV. JESSE WHITE SECRETARY OF STATE		
		ed Date C					
1.	Limited Liability Compa	iny Name: <u>N</u> o	ordic Marketing of Il	linois, L.L.C.	JUN 1 0 2003		
	(The LLC name must contain the inc., itd., co., limited partnership		ty company, L.L.C. or LLC i	and cannot contain th	e terms corporation, corp., Incorporated,		
2.	If transacting business	under an assur	ned name, complete	and attach Fo	rm LLC-1.20.		
3.	The address of its principal place of business: (Post office box alone and c/o are unacceptable.) 2010 Hogback Rd., Suite #4, Ann Arbor MI 48105						
4.	The Articles of Organiza	e, or b)	another date later t		e than 60 days subsequent		
			to the filing date:	(month, day,	year)		
5.	The registered agent's	name and regi≤	tered office address	is:			
	Registered agent:	C T Corporat	tion System				
	Registered Office: (P.O. Box and c/o are unacceptable)	c/o C T Corporation System, 208 South LaSalle Street					
		Number Chicago	60604	Street Cook ZIP Code	Suite #		
6.	(if not sufficient spece to cover to	his point, add one or	more sheets of this size.)	lude the busin	Ecuny ess code # (IRS Form 1065). spanies may be organized under		
	Electric Retail Sales						

7. The latest date, if any, upon which the company is to dissolve $\frac{N/A}{N}$ Any other events of dissolution enumerated on an attachment. (Optional)

_	-5.5			
В.	Other provisions for the regulation of the intern	nal affairs of the	LLC per Section 5-5 (a) (8) included as attachment:
	If yes, state the provisions(s) from the ILLCA.	Yes Yes	☑ No	
9.	a) Management is by manager(s): If yes, list names and business addresses.	☐ Yes	₩ No	
		_		
	b) Management is vested in the member(s): If yes, list names and addresses.	Yes Yes	No ,	·
	John A.Baardson, 15800 NW Kathie M. Baardson, 15800			
10.	I affirm, under penalties of perjury, having auth of my knowledge and belief, true, correct and o		reto, that these articles	of organization are to the bes
10,	I affirm, under penalties of perjury, having auth of my knowledge and belief, true, correct and o		reto, that these articles	of organization are to the bes
10,	I affirm, under penalties of perjury, having auth	complete.	reto, that these articles	of organization are to the bes
10,	I affirm, under penalties of perjury, having auth of my knowledge and belief, true, correct and o Dated April 4	2003 (Year)	Business	Address(es)
10,	I affirm, under penalties of perjury, having auth of my knowledge and belief, true, correct and of Dated April 4 (Month/Day)	2003 (Year)		Address(es)
10.	I affirm, under penalties of perjury, having auth of my knowledge and belief, true, correct and of Dated April 4 (Month/Day)	complete. 2003 (Year)	Business 2010 Hogback Rd, Su Number Ann Arbor, MI 4810	Address(es) nite #4 Street
10.	I affirm, under penalties of perjury, having authof my knowledge and belief, true, correct and content and an appear of the period (Month/Day) Signature(s) and Name(s) of Organizer(s) John A. Baardson, Organizer (Type or print name and title) (Name if a corporation or other antity)	complete. 2003 (Year)	Business 2010 Hogback Rd, Su Number Ann Arbor, MI 4810	Address(es) nite #4 Street
1. 2.	I affirm, under penalties of perjury, having author of my knowledge and belief, true, correct and of Dated April 4 (Month/Day) Signature(s) and Name(s) of Organizer(s) John A. Baardson, Organizer (Type or print name and title) (Name if a corporation or other antity) Yealing m. Ragundann	complete. 2003 (Year)	Business 2010 Hogback Rd, Su Number Ann Arbor, MI 4810 Cit	Address(es) htc #4 Street 15 y/Town
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(Signatures must be in ink on an original document. Carbon copy, photocopy or rubber stamp signatures may only be used on conformed copies.)